FPAC

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received

Date Received

Official Use grily

MAR 2 2 2011

Please type or prir	nt in ink.		Human Resource Division
NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
KNUEVEN		DENNIS	
1. Office, Ager	ncy, or Court		
Agency Name	35-		
CALIFORNI	IA PUBLIC EMPLOYEES RETIREMENT	SYSTEM	
Division, Board,	Department, District, if applicable	Your Position	
INVO		PORTFOLIO N	MANAGER
► If filing for mu	ultiple positions, list below or on an attachment.		
Agency:		Position:	
2. Jurisdiction	of Office (Check at least one box)		
State	,	☐ Judge (Statewide J	Jurisdiction)
☐ Multi-County		County of	-
City of		Other	
	tement (Check at least one box)		
⊠ Annual: The 2010.	ne period covered is January 1, 2010, through December	ber 31, Leaving Office: [(Check one)	Date Left/
	-or- od covered is/, through Decemb	, , , , , , , , , , , , , , , , , , , ,	vered is January 1, 2010, through the date of
2010.	od dovered is, unough become	leaving office.	
Assuming (Office: Date/	 The period cov of leaving offic 	vered is/, through the date
Candidate:	Election Year Office sought	, if different than Part 1:	
4. Schedule S	ummary		
Check applicable	le schedules or "None."	► Total number of pages incl	luding this cover page:
Schedule A	-1 - Investments - schedule attached	Schedule C - Income, L	.oans, & Business Positions - schedule attached
Schedule A	-2 - Investments - schedule attached		Gifts - schedule attached
Schedule B	- Real Property - schedule attached	Schedule E - Income -	Gifts - Travel Payments - schedule attached
	-or- None - No reportable	interests on any schedule	
5. Verification			
MAILING ADODESC	CTDEET	PM .	07.17E 710.000E
			ontained
	y attached schedules is the and complete. I acknowl		
I certify under p	penalty of perjury under the laws of the State of Ca	alifornia	
Date Signed	March 10, 2011	Sign	
Pate Olylleu	(month, day, year)	Sign	_

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
KNUEVEN

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
FIRST NATIONAL BANK OF THE GULF COAS	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
COMMUNITY BANK	
FAIR MARKET VALUE	FAIR MARKET VALUE
⋈ \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership: O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	FAID MADIVET VALUE
FAIR MARKET VALUE	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ / 10/_ / 10
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	7
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	2
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 10 , , 10	/ 10 / 10
/	ACQUIRED DISPOSED
·	· · · · · · · · · · · · · · · · · · ·

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM / UU
FAIR POLITICAL PRACTICES COMMISSION
Name
KNUEVEN

► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Name	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000/	\$10,001 - \$100,000// <u>10</u>
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Sole Proprietorship Partnership Other	Sole Proprietorship Partnership
	YOUR BUSINESS POSITION
YOUR BUSINESS POSITION	TOOK BUSINESS FUSITION
.> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
so - \$499 s10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	S500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000	\$1,001 - \$10,000
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE
BUSINESS ENTITY OR TRUST	BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity or	Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property	Street Address or Assessor's Parcel Number of Real Property
×	H 1
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAID MADKET VALUE IF ADDITIONS F LIST DATE.	SAID MADKET VALUE IS ADDITIONS INTO DATE.
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	are attached
Comments:	FPPC Form 700 (2010/2011) Sch. A-2

SCHEDULE B Interests in Real Property (Including Rental Income)

	ORNIA FORM	700 MMISSION
Name		
KNUEVEN		
Maria Contract Contract	W	2-01/140-5 0.50

TO5-707 SPRINGS DRIVE	STREET ADDRESS OR PRECISE LOCATION
	_
CITY	CITY
COLUMBUS, OHIO	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000	310,001 - \$100,000
∑ \$100,001 - \$1,000,000 ACQUIRED DISPOSED ☐ Over \$1,000,000	S100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
Over \$1,000,000	
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other ·	Leasehold \ Yrs, remaining \ Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
S0 - \$499 S500 - \$1,000 S1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
■ \$10,001 - \$100,000 □ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
400/	COURSES OF PENTAL INCOME. If you own a 10% or greater
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of
income of \$10,000 or more.	income of \$10,000 or more.
	22.2
You are not required to report loans from commerce of business on terms available to members of the and loans received not in a lender's regular course NAME OF LENDER*	cial lending institutions made in the lender's regular course public without regard to your official status. Personal loans e of business must be disclosed as follows:
NAME OF LENDER	TO THE ST LETTER.
	ADDDTOO (Business Address Assertable)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
	_
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
	y y
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% [_] None	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	S \$500 - \$1,000 S 1,001 - \$10,000
	S10,001 - \$100,000 OVER \$100,000
S10,001 - \$100,000 OVER \$100,000	11
	Guarantor if applicable
S10,001 - \$100,000 OVER \$100,000 Guarantor, if applicable	Guarantor, if applicable
_	Guarantor, if applicable
_	Guarantor, if applicable

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
KNUEVEN

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
S500 - \$1,000 S1,001 - \$10,000	\$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	☐ Loan repayment ☐ Partnershlp
Sale of(Property, car, boat, etc.)	Sale of(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other(Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE	ERIOD
of a retail installment or credit card transaction, mad	al lending institutions, or any indebtedness created as part de in the lender's regular course of business on terms by your official status. Personal loans and loans received de disclosed as follows:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	%
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	3.00
\$500 - \$1,000	City
\$1,001 - \$10,000	Cuprostes
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other
	(Describe)

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
KNUEVEN

NAME OF SOURCE		► NAME OF SOURCE	E	
ADDRESS (Business Address Acceptable)		ADDRESS (Busines	s Address Accepta	ble)
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVIT	Y, IF ANY, OF SOL	JRCE
DATE (mm/dd/yy) VALUE DES	SCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
\$			\$	
\$			\$	
			\$	
NAME OF SOURCE		► NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		ADDRESS (Busines	s Address Acceptai	ble)
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVIT	Y, IF ANY, OF SOL	JRCE
DATE (mm/dd/yy) VALUE DES	SCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
			\$	
			\$	
			\$	
NAME OF SOURCE		► NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVIT	Y, IF ANY, OF SOL	JRCE
DATE (mm/dd/yy) VALUE DES	SCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
			\$	
			\$	
\$			\$	
	(8			
Comments:				

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM	700 MMISSION
Name	
KNUEVEN	

- Reminder you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):/ AMT: \$	DATE(S):// AMT: \$
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one)
DESCRIPTION:	DESCRIPTION:
▶ NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):/ AMT: \$	DATE(S):// AMT: \$ (If applicable)
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
Comments:	